

PTO/SB/81 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/519,855
	Filing Date	12/28/2004
	First Named Inventor	Hidechika Okada
	Title	HUMAN IGM ANTIBODY INDUCING...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	3348/1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature Noriko Okada Date 08/02/2005

Name Noriko Okada Telephone 704-375-9249

Title and Company Inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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**POWER OF ATTORNEY
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Signature	<i>Hidechika Okada</i>	Date	08/02/2005
Name	Hidechika Okada	Telephone	704-375-9249
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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